

ADULT BASKETBALL

LODI PARKS AND RECREATION DEPARTMENT

125 N. Stockton St., Lodi, Ca. 95240

Office 333-6742 Program Information 333-6744

Adult Sports 333-6800 x450

please print clearly

TEAM NAME _____

TEAM NAME LAST YEAR (2006-07) _____

MANAGER'S NAME _____

Print clearly as this will be our PRIMARY contact with your team

MANAGER'S or Team representative's e-mail _____

STREET ADDRESS _____

CITY _____ ZIP _____

PHONE (home) _____ (work) _____

All schedules and correspondence will be mailed to the above.

ALTERNATE CONTACT _____

PHONE (home) _____ (work) _____

LEVEL REQUESTED: (circle) HIGH MEDIUM LOW

ALL DECISIONS WILL BE FINAL IN CLASSIFICATION OF TEAMS.

TEAMS MAY BE SCHEDULED TO PLAY ANY NIGHT OF THE WEEK

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MANAGER:

EACH PLAYER LIVING OUTSIDE THE LODI CITY LIMITS IS REQUIRED TO PAY A \$10.00 NON-RESIDENT FEE WHICH IS GOOD FOR ONE SPORT OR SEASON ONLY. ALL NON-RESIDENTS MUST BE IDENTIFIED ON THE ROSTER. ALL PLAYERS LIVE OR WORK IN THE LODI SCHOOL DISTRICT. ALL ADD-ON OR LATE ADDITION PLAYERS MUST CONFORM TO THE ABOVE REQUIREMENTS.

Manager must sign below to indicate that the above information is true and correct to the best of your knowledge.

\_\_\_\_\_ date

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for office use only

DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_ CHECK # \_\_\_\_\_

TEAM FEE \$ \_\_\_\_\_

NON-RESIDENT FEE # OF PLAYERS \_\_\_\_\_ x \$20 = \$ \_\_\_\_\_

DIVISION ASSIGNED \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

DIVISION LAST SEASON \_\_\_\_\_ RECORD \_\_\_\_\_ - \_\_\_\_\_

ADROSbb rev. 9-5-07